

**From the office of: Hannah Hawkins-Esther LCSW \* 1145 Sheridan RD NE Atlanta, GA 30324 \* phone: 770-505-4510 \* email: hannah@hhe-therapy.com**

## **INFORMED CONSENT CHECKLIST FOR TELEHEALTH SERVICES**

**Prior to starting video-conferencing services, we discussed and agreed to the following:**

- There are potential benefits and risks of video-conferencing (e.g. limits to client confidentiality) that differ from in-person sessions.**
- We agree to use the video-conferencing platform selected for our virtual sessions, and the therapist will explain how to use it.**
- You need to use a webcam or smartphone during the session.**
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.**
- It is important to use a secure internet connection rather than public/free Wi-Fi.**
- It is important to be on time. If you need to cancel or change your tele-appointment, you must notify the therapist in advance by phone or email.**
- We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.**
- We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.**
- If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telehealth sessions.**
- You should confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment.**
- As your therapist, I may determine that due to certain circumstances, telehealth is no longer appropriate and that we should resume our sessions in-person.**

**Therapist Name / Signature:**

**Client Name:**

**Signature of Client/Client's Legal Representative:**

**Date:**